

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Form 285, Instructions for U.S. Marshals

PLAINTIFF United States of America	COURT CASE NUMBER 19-00950
DEFENDANT MARIA LAVENTURE a/k/a MARIA C. LAVENTURE	TYPE OF PROCESS Handbill

SERVE AT {	NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN MARIA LAVENTURE a/k/a MARIA C. LAVENTURE
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP code) 12 North Queen Street Maytown, PA 17550

SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
KML Law Group, P.C. 701 Market St. Suite 5000 Philadelphia, PA 19106	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service)

FILED

Please post the property by September 30

OCT 07 2019By KATE BARKMAN, Clerk
Dep. Clerk

Signature of Attorney other Originator requesting service behalf of	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 215-627-1322	DATE 7/18/19
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. Sign and for U.S. Marshals if more than one U.S. Marshals is summoned	Total Process <u>1</u>	District of Origin <u>No</u>	District to Serve <u>No</u>	Signature of Authorized USMS Deputy or Clerk <u>Kate Barkman</u>	Date <u>9/4/19</u>
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I hereby certify and return that I have personally served have legal evidence of service have executed as about in Remarks the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc. shown at the address inserted below

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above. See remarks below:

Name and title of individual served (if not shown above)	A person of suitable age and discretion there residing in defendant's usual place of abode	
Address (complete only if different than shown above)	Date <u>9/24/2019</u>	Time <u>8:00 AM</u>
Signature of U.S. Marshal or Deputy <u>Ru 1 - MILLER</u>		

Service Fee	Total Mileage Charges includinginders. <u>.58 x .96 = \$55.68</u>	Forwarding Fee	Total Charges	Advance Deposits	<u>\$0.00</u>	<u>\$55.68</u>
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REMARKS NOTICE ATTACHED TO FRONT DOOR AT 12 NORTH QUEEN ST. IN
MAYTOWN, PA 17550.

1 ENDEAVOR, 1 BUS, 96 MILES R/T, 2 HOURS

PRINT 5 COPIES:	1 CLERK OF THE COURT 2 USMS RECORD 3 NOTICE OF SERVICE 4 BILLING STATEMENT* To be returned to the U.S. Marshal with payment if any amount is owed. Please remit payment to U.S. Marshal 5 ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
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